

| <b>Maintenance of Effort (MOE) Form</b><br><b><i>Money Follows the Person Demonstration Grant Program (Rev. 12/15/2020)</i></b>  |                         |                                       |                         |                         |                         |
|--|-------------------------|---------------------------------------|-------------------------|-------------------------|-------------------------|
| <b>State:</b>  |                         | <b>Grant Number:</b>                  |                         |                         |                         |
| <b>Reporting Year Type:</b><br>(please check one)  |                         | State FY (Jul 1 - Jun 30)             |                         |                         |                         |
|  |                         | Calendar Year (Jan 1 - Dec 31)        |                         |                         |                         |
|  |                         | Federal Fiscal Year (Oct 1 - Sept 30) |                         |                         |                         |
| <b>Total Expenditures for Home &amp; Community-Based Services</b>  |                         |                                       |                         |                         |                         |
| <b>Base Year</b>   |                         |                                       |                         |                         |                         |
|  | <b>2007-Actuals</b>     | <b>2008-Actuals</b>                   | <b>2009-Actuals</b>     | <b>2010-Actuals</b>     | <b>2011-Actuals</b>     |
|  |                         |                                       |                         |                         |                         |
|  |                         |                                       |                         |                         |                         |
| <b>2012-Actuals</b>  | <b>2013-Actuals</b>     | <b>2014-Actuals</b>                   | <b>2015-Actuals</b>     | <b>2016-Actuals</b>     | <b>2017-Actuals</b>     |
|  |                         |                                       |                         |                         |                         |
|  |                         |                                       |                         |                         |                         |
| <b>2018 - Actuals</b>  | <b>2019 - Actuals</b>   | <b>2020 - Actuals</b>                 | <b>2021 - Projected</b> | <b>2022 - Projected</b> | <b>2023 - Projected</b> |
|  |                         |                                       |                         |                         |                         |
|  |                         |                                       |                         |                         |                         |
| <b>2024 - Projected</b>  | <b>2025 - Projected</b> |                                       |                         |                         |                         |
|  |                         |                                       |                         |                         |                         |
| <b>Attestation (required by Section 6071 of the Deficit Reduction Act of 2005)</b>   |                         |                                       |                         |                         |                         |
| I assert by my signature that the expenditure report above is accurate and follows the MFP MOE Form instructions. I also assert that all qualified HCBS programs operating under a waiver under section (d) in the case of a qualified HCB program operating under a waiver under subsection (c) or (d) of section 1915 of the Social Security Act (42 U.S.C. 1396n), but for the amount awarded under a grant under this section, the State program would continue to meet the cost-effectiveness requirements of subsection (c)(2)(D) of such section or comparable requirements under subsection (d)(5) of such section, respectively.  |                         |                                       |                         |                         |                         |
| <b>Signature :</b>   |                         |                                       |                         | <b>Date:</b>            |                         |
| <b>Title/Position:</b>   |                         |                                       |                         |                         |                         |
| <b>Instructions</b>  |                         |                                       |                         |                         |                         |
| 1. Enter your State and Grant Number.<br>2. Select the type of reporting year that your State will use. You must report by either State FY, Federal FY or Calendar Year.<br>3. Enter the base year which will represent the baseline for your HCBS expenditures. Provide the base year, base year expenditures, and expenditures for the first full year you began your grant through the latest reporting period. For all prior years, enter <b>actual</b> expenditures. For future years, enter <b>projected</b> expenditures. Medicaid HCBS Expenditures include all non-institutional services and include waiver and HCBS State Plan services such as personal care services, rehab services and other State Plan services you cover that are non-institutional.<br>4. The State authorized signatory must sign and date as well as identify their Title or position as indicated. The second element to attest to is the continuation of meeting cost neutrality in the waivers your State provides. |                         |                                       |                         |                         |                         |
| <b>Remarks:</b> <i>Provide any explanations deemed necessary.</i>  |                         |                                       |                         |                         |                         |
|  |                         |                                       |                         |                         |                         |